

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No.	11884/407001
	First Inventor	SCHAEFER et al
	Title	BALANCED BUDGET UPDATE IN THE PRESENCE OF RIB RULES
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>9</u>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>3</u>]	ACCOMPANYING APPLICATIONS PARTS
5. Oath or Declaration [Total Pages <u>4</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Non-publication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

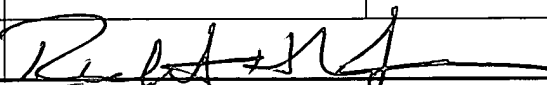
of prior application No: _____ /

Prior application information: Examiner _____

Group / Art Unit:

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<u>23838</u>		or <input type="checkbox"/> Correspondence address below	
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Address					
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Country	Telephone	Fax			

Name (Print/Type)	Robert L. Hails, Jr.	Registration No. (Attorney/Agent)	39,115
Signature			Date December 10, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Not assigned</td> </tr> <tr> <td>Filing Date</td> <td>December 10, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>SCHAEFER et al</td> </tr> <tr> <td>Examiner Name</td> <td>Not assigned</td> </tr> <tr> <td>Group / Art Unit</td> <td>Not assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>11884/407001</td> </tr> </table>		Application Number	Not assigned	Filing Date	December 10, 2003	First Named Inventor	SCHAEFER et al	Examiner Name	Not assigned	Group / Art Unit	Not assigned	Attorney Docket No.	11884/407001
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TOTAL AMOUNT OF PAYMENT (\$) 942.00															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p> Deposit Account Number: 11-0600 Deposit Account Name: KENYON & KENYON </p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>					<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																
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<p>2. EXTRA CLAIM FEES</p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>-20 ** =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">5</td> <td>-3 ** =</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">86</td> <td>=</td> <td style="border: 1px solid black; text-align: right;">172</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td style="border: 1px solid black; text-align: center;">290</td> <td>=</td> <td style="border: 1px solid black;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">(\$) 172</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p>					Total Claims	18	-20 ** =	0	X	18	=		Independent Claims	5	-3 ** =	2	X	86	=	172	Multiple Dependent				X	290	=		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 172																																																																																																																																																																											
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<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
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Signature				Date	December 10, 2003